

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/58096

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1		1		1	
3		1		1		1
4	1		1		1	
5		1		1	0	1
6		1		1		1
7		1		1		1
8		1		1		1
9		1		1		1
10		1	1	1	1	1
11		1	1	1	1	1
12		1	1	1	1	1
13		1	1	1	1	1
14		1	1	1	1	1
15		1	1	1	3	1
16		1	1	1	3	1
17		1	1	1	3	1
18		1	1	1	3	1
19		1	1	1	3	1
20		1	1	1	3	1
21		1	1	1	3	1
22	1					
23		1		1		1
24		1	1	1	1	1
25		1	1	1	1	1
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TOTAL IND.			2		2	
TOTAL DEP.		19		25		
TOTAL CLAIMS		21		27		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						